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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

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O. C. WELBOURN, A. M., M. D., Editor

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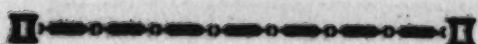
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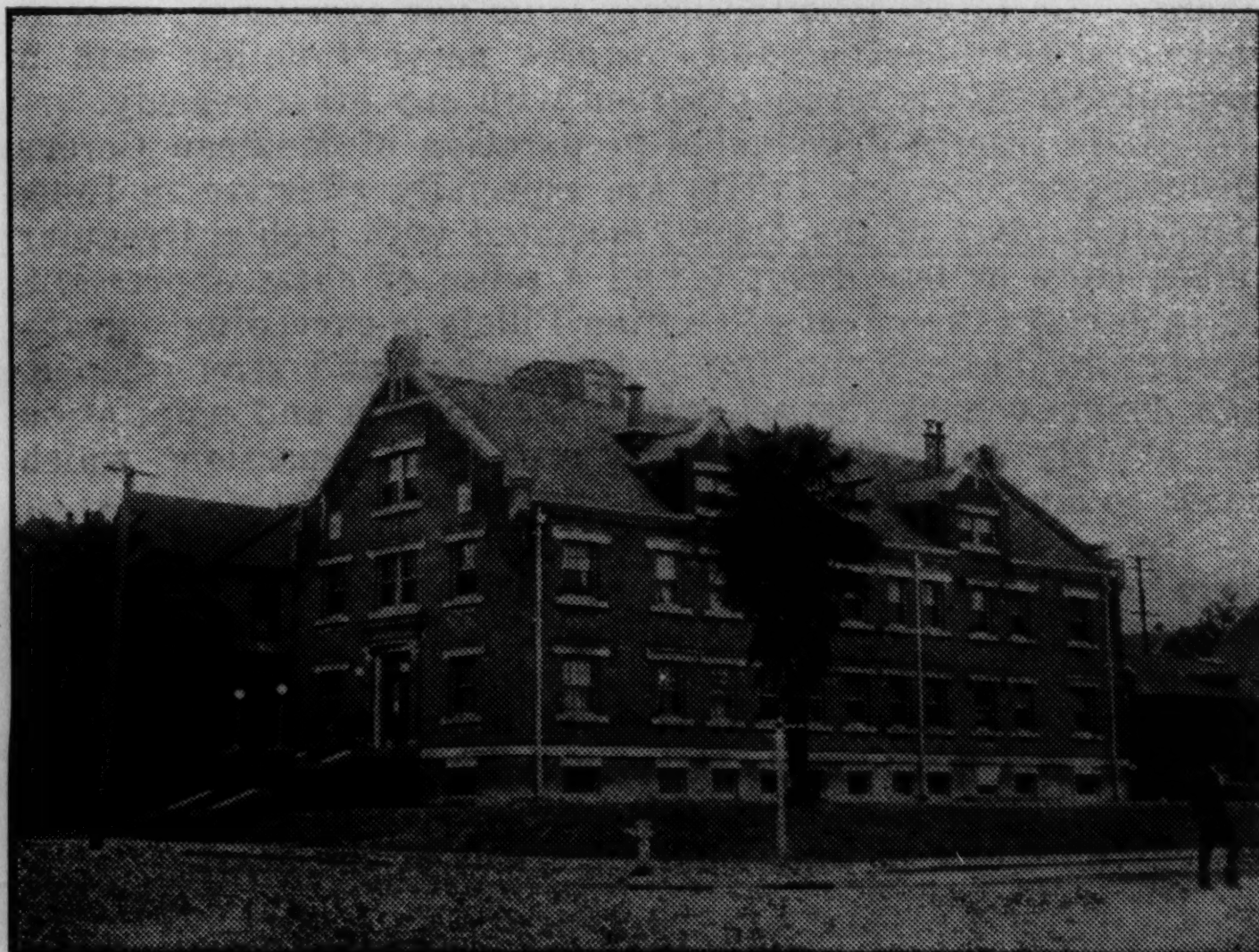
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The California Eclectic Medical Journal

Vol. VIII.

MARCH, 1915

No. 3

Original Contributions

PYORRHEA DENTALIS—ALVEOLARIS RIGG'S DISEASE

Dr. O. C. Welbourn, Los Angeles, Calif.

Recently I have been called upon to operate upon some severe and complicated cases of this disease and thus have become interested in a subject which usually is considered to be quite within the province of our dental colleagues. I find that a great deal of research work has been done by various members of the dental and medical professions and that these men are agreed that it is caused, primarily, by a protozoa which has been designated as *endameba buccalis* or *entameba buccalis*. It seems probable that these endamebae are universally distributed and that they may be found in a perfectly healthy mouth, from time to time. However, it is quite improbable that they can attack a healthy gum. A trauma of some sort is first necessary. This condition is usually caused by harsh particles of food, the too vigorous use of a tooth pick, or ill-fitting crowns. The disease is found as an ulcer which is so placed that it is not readily washed by the saliva and detritus accumulates upon its surface. After infection has taken place there is a tendency for the ulcer to form a sort of pocket from which there is a more or less continuous discharge of pus. In such cases a gentle scraping of the bottom of the cavity will dislodge numerous protozoa which with proper technic can be demonstrated under the microscope. In the beginning the disease is limited to the margin of the gum, gradually detaching the same from the root of the tooth in part of its circumference with the molecular destruction of both gum and tooth and the formation of a cavity. At this stage it may be designated as pyorrhoea dentalis. Later the alveolar process becomes involved, the bone is destroyed in part and the tooth is left standing on the tip of its root with little if any lateral

support. Being loose and painful the patient pulls it out with his fingers to save further annoyance. Such a condition may be designated as pyorrhoea alveolaris. In this stage it is a source of great discomfort to the patient and the constant loss of blood, absorption of septic material and inability to properly masticate the food seriously undermines the general health. Until quite recently the treatment of this disease has been very unsatisfactory. All of the known germicides and antiseptics have been used locally with indifferent results. However, with the recognition that the protozoa, *endameba buccalis*, is the causative factor the relationship with *ameba dysenteriae* is established and ipecac is at once suggested as a possible remedy. Experimentation along this line has demonstrated that ipecac in the extreme dilution of 1 to 200,000 is an active endamebacide and may be so employed as an efficient dentifrice. However the fact that the endamebae, except in the initial stages, are hidden in the bottom of a cavity is a formidable handicap to this method of application. Dentists overcome this difficulty, in a measure, by injecting the fluid directly into the cavity and the percentage of their cures is thereby greatly increased. However it is tedious, painful and expensive, and therefore impossible of general use. Recognizing that ipecac had been demonstrated as an efficient endamebacide many workers have been endeavoring to prepare it in such form that it could be taken by mouth in sufficiently large quantities to be effective after absorption into the blood. With the knowledge before them that ipecac is an active emetic this would seem to be a hopeless task. However it has been accomplished at last, and it should be a source of no little gratification to Eclectics that it has been done by a man within our own ranks; and that proper acknowledgement already has been made.

The following extract from the Journal of the American Medical Association, February 13, 1915, is made from an article written by Profs. Bass and Johns of Tulane College of Medicine; and therein is set forth clearly and fully instructions for the use of this new preparation of an old drug.

"During the past two months we have experimented extensively with a preparation of the alkaloids of ipecac that can be taken by mouth without producing nausea, and we are now prepared to announce that, in most instances, at least, it is as efficient in proper doses as emetin given hypodermically. This will make treatment available and practical for a great many more people who have the disease.

"The preparation known as Lloyd's reagent, discovered

by J. U. Lloyd, has the property of removing all the alkaloids from neutral or acid aqueous solutions of a drug by absorption. When thus combined with the reagent, which is hydrous aluminum silicate, the alkaloid is promptly set free in alkaline solution. It is not liberated in the acid gastric juice, but is set free and absorbed when it reaches the alkaline intestinal juices. The only commercial preparation of the alkaloids of ipecac made in this way that we know of is supplied by Eli Lilly & Co. in the form of tablets, each representing 10 grains of powdered ipecac and called Alcresta Ipecac. We have tried one tablet three times a day, two tablets three times a day, and three tablets three times a day. One tablet three times a day does not destroy the endamebas in the mouth in many cases in a week or ten days. Two tablets three times a day destroys all demonstrable endamebas in six days or less in practically all cases. This represents only about $\frac{2}{3}$ grain of emetin, and when we consider that it requires considerably larger doses of most alkaloids administered by mouth to produce the same effect as smaller doses administered hypodermically, we could hardly expect smaller doses than this to be successful. Three tablets three times a day destroy all demonstrable endamebas in from four to six days. One patient still had endamebas in one pocket after the fourth day, but this is one instance in which emetin given hypodermically also failed. We have been unable to discover the cause. They disappeared from other lesions, and there was apparent improvement in this lesion, but the endamebas persisted in spite of two courses of emetin and one course of the Alcresta Ipecac tablets.

"This form of ipecac does not cause nausea, but there is frequently more or less abdominal discomfort produced by it and also some looseness of the bowels. These symptoms have not been sufficient in any of our cases to make the treatment impractical. We should expect, however, to find an individual occasionally who could not take it satisfactorily, and also those who would not absorb enough of the drug to destroy their endamebas on account of the diarrhea produced, carrying it through the intestinal canal too rapidly."

ALCRESTA IPECAC *

John Uri Lloyd, Pharm. M.

This compound, through the researches of Drs. Bass and Johns (Amer. Med. Jrl., Feb. 1915) has sprung into conspicuity second to no other medicament introduced during the past

I am writing this paper without access to my laboratory notes. Oversights will naturally occur.

several decades. The writer (who discovered the Alcresta compounds), at the request of Dr. O. C. Welbourn whose article on the uses of Alcresta Ipecac precedes this contribution, aims herewith to record briefly the history of Alcresta Ipecac together with a brief description of the compound. Alcresta Ipecac is a colloidal product of the natural Alkaloidal texture of Ipecac, with the newly discovered Alkaloidal reagent, Hydrous, Alumina Silicate, now known as Lloyd's Reagent. It is practically tasteless, is insoluble in water and dilute acids, but is dissociated by alkalies. On this quality depends its therapeutic advantage and opportunity. The juices of the stomach are acid in reaction. The bowel secretions are alkaline. Consequently, Alcresta Ipecac passes unchanged through the stomach and on reaching the intestines is dissociated, the alkaloids being liberated in nascent colloidal form in the location of the absorption of digestive products. It is not for me to dispute on this feature of the phenomena, that being the field of the therapist. That the colloidal action of the natural Ipecac Alkaloids is most pronounced is shown by the fact that one case of Pyorrhoea or "Rigg's Disease," known to the writer as of more than thirty-five years standing, was quickly and completely cured by an amount of Alcresta Ipecac tablets (Lilly) carrying less than one-half grain of natural alkaloid. In considering Alcresta Ipecac the historical is of interest and may be briefly described as follows: My work in plant pharmacy and in the study of proximate principles including alkaloids, has extended over many decades. Some years ago I became convinced that the so-called inorganic side of plant life was of much greater importance in functional plant activity than is generally conceded. My first public expression in this direction was where about 1885 I made a study of the inorganics of *Hydrastis canadensis* in connection with its alkaloidal structure, at which date professor H. T. Norton, uniting with me, made a study of the calcium combinations of Hydrastine, publishing same. From that date to the present I have aimed to consider this field as of great importance and have published many references thereto, but have as yet made no presentation in systematic detail. When, about 1910, I struck upon the (to me) remarkable adhesive qualities that exist between Hydrous Alumina Silicate and the alkaloids I became so concerned in the study that I could scarcely take time to attend to my other duties. Whilst thus absorbed, Professor M. I. Wilbert of Washington visited me and after witnessing the phenomena encouraged me by his interest therein. Dr. Sigmond Woldbott had previously been made acquainted with the strange reac-

CALIFORNIA ECLECTIC MEDICAL JOURNAL

tion (published a paper Amer, Chem. Soc., 1913) and close following came the interest of other chemists, including Dr. Gordin of Chicago, whose contribution to the Amer. Pharm. Assoc. at the Nashville meeting (to which I sent specimens) at once became of National importance. As yet I have published but little and these incomplete notes are written from memory. In the physiological direction came to me deep disappointment. I theoretically believed that I had discovered a universal alkaloidal antidote. But to my disappointment, Professor Felter found (December, 1911) that Alcresta Strychnine was not less active than pure strychnine, but that it must reach the bowels to be effective. Dr. Fantus (August, 1913) and Dr. Hugh McGuigan (Nov., 1914) obtained the same toxic result.

During all this time, I had been experimenting on both a small and a large scale with the "Alcresta Compounds." I made Alcresta Ipecac, Alcresta Emetine, Alcresta Cephaeline and an Alcresta compound of an Ipecac Alkaloid as yet unreported. This was the beginning of Alcresta Ipecac.

The importance of this discovery in a commercial direction led to some embarrassment. If I turned my attention in that direction, I felt sure my opportunity of continuing my plant investigations would be lost forever. A man approaching seventy, needs make sacrifices of time taken if unfinished problems lie before him. Consequently, I turned the commercial and the manufacture of all the Alcresta Compounds over to the house of Eli Lilly & Co., who are already in a position to not only prepare the tablets and alkaloids on a large scale, but to distribute them to the world. Indeed, their established plant for this purpose is so complete as to lead me to feel that my friends will agree that I made no mistake and that it is better that I should be relieved of a degree of care that would forever prevent me from completing certain studies in plant textures that are as yet in process and that I hope, when announced, will be useful to humanity.

SUMMARY

I can therefore summarize as follows: The discovery of the colloidal compounds of Hydrous Alumina Silicate and the Alkoloids, was made by me about 1910.

Their introduction (confidential) to a few of my friends interested in Chemistry was made about 1911-12. The Physiological activity of the Alkaloidal Compounds was established 1811 to 1814. The energetic activity of Alcresta Ipecac as a remedy for Pyorrhoea was discovered and established by Drs. Bass and Johns the latter part of 1914 and announced in the

Journal of the American Medical Association, February 13, 1915. The sole manufacturer of the Alcresta Compounds and Alkaloids of which Alcresta Ipecac Tablets is the first introduced to professional use is Eli Lilly & Co., Indianapolis, Indiana.

UMBILICAL HEMORRHAGE

Herbert T. Cox, M. D., Los Angeles

Read before the Los Angeles County Eclectic Medical Society

For the average practitioner this condition is not of frequent occurrence, therefor not as frequently written about or discussed as some other less serious conditions. The mortality which attends this condition is said to be alarming. Probably it was of much more frequent occurrence in times past before the advent of asepsis and the perfection of technique for the care of the cord; when the cord was tied with a piece of wrapping twine, cut with the family shears and wrapped in greased paper.

The etiology may be: Improper tying of the cord, or sepsis which are due to carelessness on the part of the obstetrician or nurse. Or occasionally due to syphilis, hemophilia or acute fatty degeneration of the viscera. Here a constant oozing may be noticed even before the cord drops away. If due to sepsis more or less omphalitis is present, causing the infant to be fretful and thus favoring the tendency to hemorrhage.

Occasionally trauma or premature separation of the stumps may be responsible for the hemorrhage.

As to treatment, the first thing should be preventative in the physician's own cases where possible. The cord should be carefully tied tightly in two separate places, using sterilized silk umbilical tape or aluminum bands. This will obviate the danger of any leakage from the vessels and prevent the passage of infection into the umbilicus through them, should the end of the stump become infected. To prevent the development of infection the cord after being tied should be washed, together with the umbilical region with lysol or other equally efficient antiseptic solution, dried, the cut end of the stump covered with boric acid powder, and a few layers of sterile gauze tied over it. Then abundantly dust the exposed portion of the cord and umbilical region with the same powder. Wrap cotton or gauze over the mass and apply a snug binder. Instruct the nurse to apply fresh powder every morning and under no circumstances to moisten the parts unless they be-

come contaminated with urine, when they should be washed with lysol or boric solution and thoroughly dried before redusting with powder.

Whenever hemorrhage is to be dealt with, the common hemostatics and simple means of controlling hemorrhage should be patiently tried first, but in severe cases may prove astonishingly inefficient. Iron-alum or stypticin or Monsel's solution may be applied and firm pressure made with a conical piece of cotton which may also be dipped in styptic-collodion. If this fails, touching the umbilicus with a tampon dipped from boiling water or making pressure with a finger with a piece of ice beneath it, covered by a thin piece of gauze may be tried. Adrenalin chloride solution may also be tried locally or the plain household vinegar may be used to saturate a cotton compress. Styptics applied and then the umbilical depression filled with fresh dough or Plaster of Paris and held in place with a tight binder or adhesive strip is said sometimes to control the bleeding.

If these measures fail more radical measures are to be used. The actual cautery may be tried if there be any tissue projecting, or with a fine needle and suture it may be possible to draw enough tissue together to close the bleeder. If there be nothing but the umbilical depression with the bleeding hole at the bottom, it may be possible with a fine curved needle and small suture to stitch around the inside margin of the cicatrix purse string fashion, or from side to side after the Lembert method and invert enough tissue to compress the bleeding opening.

As a final resort deep suture with a curved needle may be taken or long, steel glass-headed pins passed through the abdomen, one above the umbilicus to catch the left umbilical vein and one below to catch the two hypogastric arteries. It is to be remembered that the left umbilical vein is now in the median line or a little to the right side.

If umbilical granulations form a tumor mass which bleeds, and if the base is broad, they may be touched with a solid stick of silver nitrate or other caustic, or if pedunculated a ligature may be tied around the mass and treated antiseptically. Simple exuberant granulations may be cureted away and an astringent antiseptic powder dusted over the area.

Internal treatment may be needed to lessen the danger of further hemorrhage; calcium chlorid, calcium lactate or lactophosphate may be given. Hydrastinine, 1-64 gr. doses or atropine, 1-500 gr. doses may be used.

The prognosis in the severer cases, of course is grave on account of the cause, and the chances of omphalitis occurring and resulting in peritonitis.

PUBLIC WELFARE**Dr. George B. Abbott, Los Angeles**

Among the ordinances stored away in the city hall in Los Angeles, there is an Ordinance No. 30619, August 13th, 1914, Section 25, from which we extract the following:

"The Health Commissioner shall take such measures as he shall deem necessary to prevent the spread of smallpox, and the Health Commissioner is hereby authorized to issue an order or orders, at such time or times as he shall deem necessary, requiring all persons in the city to be vaccinated within such time as shall be prescribed in such order or orders. It shall be the duty of the Health Commissioner to provide for the vaccination, at the expense of the city, of such persons as are unable to pay for the same. It shall be unlawful for any person to fail, refuse, or neglect to be vaccinated as required by this section within the time prescribed in such order or orders."

Vital-statistics—Calendar year 1914, show report of only 32 cases of smallpox, with no deaths, in the city of Los Angeles, therefore, it hardly seems possible that we can have "necessity" for such an ordinance. The Health Commissioner is "one man," and while he is a good man in every respect—his judgment is subject to influence—and if he be of the "Medical Trust" school, necessarily vaccination is the first thing that will be "deemed necessary" should a few cases of smallpox or even chicken-pox occur.

Every man, woman and child in Los Angeles may forcibly have poisonous animal filth pumped into their blood, should epidemics be declared by the Health Commissioner, who is empowered to "order whatever is reasonable and necessary for the prevention and suppression of disease," and his decision as to what is reasonable and necessary is final. He will also assume to determine what constitutes an "epidemic." In Chicago the Health Officer decided that one case of smallpox constituted an epidemic. Of course he was plainly wrong, but it required a decision of the Supreme Court of the State to stop the vaccination order issued on the strength of the health officer's opinion. California is said to have a law against compulsory vaccination, but the Appellate Court of the State of California has handed down a decision upholding the stand taken by the University of California authorities that every student registered at that institution must submit to vaccination. To offset the balance of the law, cities pass ordinances like the one referred to above to regulate local conditions. Not many months since, the authorities of Oakland, Cal., were called

upon to help the "Trust Doctors" carry into effect a forceable vaccination of the passengers arriving on an overland train from the north, because the railroad conductor had been "exposed" and had afterward passed through the train.

"A news item in the daily press announces that medical inspectors representing the New York State health department will hereafter carry revolvers to enforce their authority. This is a pleasant indication of the growing influence of the peace movement. It also means that the common people are resisting the espionages and control of the medical authorities. If the "regulars" cannot convince the citizen that it would be healthy for him to submit quietly and peaceably to their regulations, they are evidently prepared to "shoot up the town." And there are those who would rather take a chance with the doctor's gun than with his vaccine virus.—Life.

Harry B. Bradford in "Health Culture," says: "Vaccination kills more than smallpox." It can be readily proved from death certificates and other data not published but now concealed by our Health Departments (all dominated and controlled by vaccinating doctors) that there are actually more deaths caused every year in New York from lockjaw and septicemia in Vaccination Wounds than from natural smallpox and particularly in children—even two or three times more in some years!

It is now generally admitted by intelligent, broad-minded medical men that vaccination not only does not prevent smallpox, but has tended to keep it alive—that were it not for vaccination, smallpox would be as rare today as the black plague. Vaccination does not prevent smallpox, on the other hand, it causes many deaths and ruins many for life.

No man is entitled to be called a good citizen who does not persistently raise his voice against public abuse, and give of his time, money and best endeavors to correct them. Abuses and wrongs unchecked grow and become a burdensome heritage to our children, who cannot but come to consider us either dishonest or cowardly. On February 2nd, 1915, the City Clerk advised over the telephone that to the best of his knowledge, Ordinance 30619 had not been repealed. The contemplated revision of our city charter can provide a remedy for mistakes in judgment in the execution of such ordinances if the charter provide a "City Health Board," comprised of one member from each and every school of medicine and two laymen, who shall pass upon situations "deemed necessary" for the health conditions of Los Angeles. Let the charter committee consider this matter.

THE HEART OF CHRISTIAN SCIENCE

Dr. Axel Emil Gibson, Los Angeles

1. The Technique of Its Cures

The cures of Christian Science have more to do with symptoms than with causes, with appearances than with facts. In place of accepting a disease as a physiological disorder—a thing to be corrected or exhausted from the body, Christian Science, by denying the **reality** of the disease, drives it back into the system from which it tries to escape. In other words, the process of a boil forced back into the blood from which it has been isolated, represents the method of Christian Science in effecting the cure of a disease by “denying” its existence.

This attitude of “denial” accompanied by the power of “faith,” constitutes the mental lever by which the miracle of healing by Christian Science is performed. In place of being expressed and exhausted, the disease is repressed and covered. In place of casting out the devils by recognizing them, as did the Christian Healer of the Gospel, the Christian Science practitioners are casting in their devils by ignoring or denying their existence.

Hence Christian Science, in common with every current patent medicine, is a mere “symptom smotherer,” which by removing the effect of a disease only deepens its cause. A disease cured by “denial” as a weed removed by lopping off its top, with the vitality of the latter transferred to its roots. In the very process of its disappearance is held the facts of its reappearance—with added power. The disappearance of a local distress, under the force of “denial,” may accumulate its suppressed momentum into a later reappearance of the same disease, in the graver form of a constitutional break down. Furthermore the relief and apparent cure of the gastric disturbance following an act of gluttony, may later reappear in the intensified form of a gastric ulcer—which in its turn, if “cured” anew, may accumulate its suppressed energy into a gastric or uterine cancer.

By ignoring the laws of disease, Christian Science fails to comprehend the laws of life—and its “cures,” so far from being of any benefit to humanity, merely gives rise to a confusion of ideas, sadly mixing up the true and the false, the real and the apparent, blinding the sufferer to the actual state of his condition, while building up a semblance of health on a basis of perverted and collapsible vitality.

2. The Cause of Its Popularity

On the other hand, the cause for its wonderful growth has

its explanation in the same principle which we find back of every movement where the sensational and emotional elements of life, be it in literature, philosophy or religion, are made to serve personal and egotistical motives. Christian Science has gained its popularity by the ease and comfort by which its "cures" are materialized. It promises redemption without atonement—victory without conquest. By the magic of a formula, sins are turned into virtues, transgressions of nature's laws into immunity from retributions. Its effectiveness lies in a faith in the hypnotic power of **personal** will, rather than in a faith in the healing power of the **divine** will, which alone is ours through obedience to the laws of life and nature.

Hence it is the will of the practitioner, not the will of God, that constitutes the all-determining agency in the healing operations of Christian Science. With the force of an intellectual steam roller, his powerful trained personal will brush aside any scruple of moral resistance from the mind of the patient while installing his own preemptory demands. And just as physical nature for a longer or shorter time under the strain of artificial pressure can be coerced to step out of its routine course of evolutionary order—so by a corresponding process, the hypnotic compulsion of a trained will may succeed in restoring, temporarily, the broken wheels and levers of life, and thus introduce a semblance of health in the diseased organism.

Christian Science makes no allowance for the statement of St. Paul: "As ye sow, ye shall reap." Fields which yesterday were covered by the wild oats of ethical and hygienic sins, are today suddenly transformed into the golden harvest of physiological blessings. No renunciation of habit, sacrifice of indulgence, or conformity to dietetic and hygienic restraint are required as conditions for cures in this order of healers. It is a system of practice, where material health and success constitute the supreme end and motive of existence, and where in spite of all denials, the body with all its delusions and illusions, yet presents the means and basis for all their operations and devotions. Taken at its real assests, Christian Science is neither Christian nor a science, but a movement of crudest materialism, in which the good of their own personal and bodily welfare holds the highest claim, and the realization of this, their gauging and determining motives.

3. The Deeper Meaning of Disease

There are two angles from which disease and suffering can be observed and appreciated, either as a saving effort of nature to restore order, health and harmony to existence, or as a meaningless, accidental assault of a brutal law-and-order de-

fying destiny—a phantom of evil which at once is and is not. The first has its reason and support in Christian philosophy as taught by Jesus, the other in the theory and practice of Christian Science as formulated by its founders.

The whole scheme of salvation, headed and initiated by Christ, and propagated by the long procession of Christian martyrs, has its root, power and unfoldment in the very possibility of pain and suffering. Suffering is an ever-present accompaniment to birth-giving, whether it be the birth of the soul or of the body; of an idea, an animal, a plant, or a human being. "If there were no suffering," says Von Hartman, "there would be no religion." It is the unavoidable consequence and concomitant in the process of giving and receiving—of the old giving place to the new. It is the truth back of the parable of the new wine—the transcendent life—in the old bottle—the impaired or used-up body. Suffering is the pruning of the orchard of the heart, the weeding out of the weeds of selfishness from our nature, or, in the words of St. Paul: "Suffering is a teacher unto Christ."

Evolution is staged and dramatized under the promptings of either exterior or interior coercion. The one prompts by promise, the other by fear; the one appeals to our personal ambition, moral, spiritual, ideal—the other by the lash of pain and suffering. The one is led by intuition, the other is driven by intellectual affirmation. In the order of evolution the latter condition, when understood and appreciated, not ignored or denied, will give way to the former; the scourge of the flesh will be supplanted by the wings of the soul.

For what purpose is the nervous system but to serve as a register for the changes generated and unfolded in our outer and inner nature in the course of our evolution? No unfoldment is possible without nervous action, and the latter is equivalent to either joy or pain, according to our power of response to the incoming of outgoing force currents. "We learn in suffering what we teach in song" and "Our sweetest songs are born from saddest thoughts" are sentiments handed down to us from the noblest and sweetest of our poets. It is not suffering that benumbs or paralyzes, but the attitude we take to it. Ignore suffering by denying its mission, and its lesson is lost. The "stepping stones of man's dead selves," if viewed from a Christian Science viewpoint, in place of "leading to higher things," will lead down toward regions of ignorance, superstition and brutal egotism.

And as suffering has been the keynote and unremitting condition of every high attainment, so resignation and loy-

alty to the law of life, and to the will of God, has been the cleansing and regenerating fire out of which the purified soul, like the Phoenix of old, triumphantly has been rising from the ashes of its lower nature. Homer, Michael Angelo and Milton were blind; Carlyle, dyspeptic; Pope, a hunchbacked lifelong invalid; Darwin, a sufferer from chronic "mal de mer," Herbert Spencer, a chronic neurasthenic, etc.; yet they all rose superior to their suffering, and singlehanded each one left a bequest of knowledge and culture to humanity, which will be remembered and enjoyed long after the tidal wave of Christian Science spent its last momentum in unreasoning, negative and non-constructive affirmations.

4. Suffering in the Light of Christian Ethics

The Christian Science movement stands for one of the greatest paradoxes in history. Notwithstanding its denial of matter, the entire force of its practice is brought to bear on the preservation and adoration of man's mortal coil. While the heroes of true Christianity used the body as an instrument in the service of the soul, the Christian Science employs every energy to coerce the latter by psychic juggling into a menial service of the body for the sake of "health, wealth and success." Thus the tables are entirely turned. In place of the body being the servant of the soul, the latter is degraded into a taskmaster for the gratification and adjustment of the desires and appetites of the body.

This attitude shows at once a lack of faith in the soul, and a lack of knowledge of the body, as the latter, like that of an animal, by its very nature and constitution is equipped with power to maintain its functional equilibrium. Consequently, if disease arises it can only be due to the fact that the physiological balance has been broken, which again means that only a re-establishment of this balance can restore the deranged functionings. If a spring is strained beyond its center of poise, its mere release from the restrictive influence will bring about a return to its natural position. So with the body, its release from limitations and obstructions; its rest from physical and mental strain; the removal of impediments in the discharge of its functions—be it along the line of diet, overwork or worry—will restore the balance of its disturbed health relations.

If a dog, by overfeeding gets its eliminative system clogged up, he takes recourse to the purgative properties found in a certain species of grass, while at the same time giving his system over to the benefit of a longer or shorter rest from food with its digestive labors. A couple of days of natural fast will serve to restore the animal to its natural health and strength.

In the majority of cases the same benefits would accrue to man. The physical body, be it of a dog or a man, is adequate to take care of itself, and if man submitted himself to the same practice of self-restraint and control as the dog, he would enjoy the same success of cure. Back to nature and to God! Back to the simple faith in life's eternal justice and regenerative power. If by indulgence of our senses we contract disease and suffering, it is only by restoring to nature her dues—in the redemption through self-restraint of our transgressions—that we can restore our peace with God and harmony with nature. And health means harmony with nature on all planes of existence.

It is amazing how little respect and homage we pay to the sacred powers in which life has its sources and destiny. While in national difficulties it would never occur to us to call on the minister of war or the president of the nation to spend his precious time patching up the damaged uniform of a soldier, the Christian Science practitioner does not hesitate to invoke the assistance of our immortal soul to repair bodily discrepancy, mostly brought about by ignoring hygienic and physiological laws. The remedy, however, lies in the very nature we outraged, in permitting our outraged functions a rest for the sake of repair and adjustment. Loyalty and obedience to the laws of life, with motives of usefulness and service, is the method of cure which God extends to man.

A calm and dignified consideration of life and its wider meaning will not fail to reveal the value of suffering and the uses of adversity.

“Sweet are the uses of adversity,
Which, like a toad, ugly and venomous,
Yet wears the golden jewel in its head.”

“While recovering, I experienced two opposite feelings,” writes Tolstoy to his friend, Alexis Bakonine, “The joy of a reviving animal, and regret for the loss, the dulling of that spiritual consciousness, which was present in time of sickness. I know truly that every illness I have had has been a great blessing. It has given me what my own reason and the opinion of others could not give me; it opened to me a larger field of life. The illness and suffering of men are wrought with the deepest meaning; they are not from their own will. God has paid a visit.”

For, after all, the real aim and meaning of life is not conventional comfort and bodily ease and happiness. The latter are the mere means and conditions by which the soul works out its redemption, through usefulness of effort, unselfishness of motive and faithfulness of service. “Not what I have,” said Thomas Carlyle, “but what I do, is my kingdom.”

CHOREA**W. E. Postle, M.D., Shepard, Ohio****Chorea Minor; Sydenham's Chorea; St. Vitus Dance**

This is the form of chorea most commonly met with by the general practitioner, and will alone be considered in this short paper. It is a disease of childhood, and most frequently encountered between the ages of five and fifteen. Girls suffer from it more frequently than boys in about the proportion of two to one. It is more frequent in the winter and spring, particularly in March and April, and less frequent in the fall months of October and November. Some writers maintain that it is most prevalent among children above the average in intelligence, particularly those who are mentally energetic, or predisposed to nervousness. It is probably true that a nervous temperament is essential as a basis for its development.

Heredity is undoubtedly the prime factor in its etiology. It is not necessary that the parents be, or have ever been subject to the disorder, but a careful inquiry will generally show that somewhere in the direct hereditary line there has been enough disorder of a nervous nature to make it entirely probable that the child might inherit a nervous temperament, or a predisposition to nervous disorders. Upon this basis of nervous predisposition such causes as anemia, overwork, worry or over-application to school studies, music lessons, or other tasks, the choreic disorder easily develops. Fright and fear are often given as causes; mental agitation of any character also favors its development. The peculiar antics and grimaces of the child attract the attention of its playmates, and call forth ridicule and teasing, which always aggravates the disorder.

The causes of chorea may be divided into two classes, which may be termed elemental and developmental. The elemental causes are, first, a nervous temperament; and second, the germ of infection. It becomes more and more apparent that chorea is an infectious disease. The germ of infection has not, as yet, been isolated, nor indeed are we **sure** of its existence, but investigations and research have all tended to show that such is the nature of the real cause. The developmental causes are: Anemia, or a poor state of the general health, upon which is imposed over-work, over-study, worry, fright, fear, mental agitation, or other disturbing factors, which may distress the mind and disturb the nervous system.

The early symptoms of chorea are mild and often for weeks attract little or no attention from the parents or family. The

symptoms may be divided into two classes, mental and physical.

The mental symptoms are peevishness and irritability with mental dullness, or at least mental inaptitude for lessons or tasks. The child does not do well at school, is unable to get his lessons, is often accused of inattention and obstinacy, is frequently punished for failure in his classes, or at least scolded and thereby made more nervous and disturbed. At home the peevishness and perverseness of the child call for parental notice and correction. Not many weeks will elapse, however, until it becomes evident that the child is sick, and the physical symptoms becoming well-developed, the nature of the malady is recognized.

The physical symptoms are, at first, slight twitching of the face, lips or eyelids, a shrugging of the shoulders with slight jerky motion of the fingers or hands, a disposition to drop a pencil, knife or other instrument, unintentionally, a slight staggering or uncertainty of gait. These symptoms increase in a few days to the more exaggerated movements. There is pronounced uncertainty of gait, which becomes staggering and irregular, the squinting and grimacing of the facial muscles become fully developed, the muscles of the tongue are, at times, uncontrolled to such an extent that deglutition is difficult, or even impossible. Upon request for the patient to put out the tongue, it is protruded in a jerky, nervous manner and often quickly withdrawn and the teeth snapped together by the spasmodic action of the muscles. The shrugging of the shoulders, the jerking arrhythmical motions of the hands and arms, purposeless and inco-ordinate muscular contractions, which are ordinarily beyond the control of the patient, characterize the well-developed state of the ordinary case of chorea.

A careful physical examination will show that there is a considerable loss of muscular tone or strength; the patient cannot grasp the hand firmly or maintain a strong pressure. While the muscles do not become shrunken, there is a distinct softening. The pulse becomes somewhat increased, and, in some cases, this symptom is quite pronounced. Auscultation will reveal heart murmurs. In the majority of cases these murmurs are hemic, though not a few patients will be found to be suffering from a mild endocarditis. Respiration is likely to be interfered with only to a mild extent. The kidneys are usually found deficient in action and the urine loaded with phosphates. Digestion and assimilation are disordered to a greater or less extent, as is evidenced by the poorly nourished condition of the child.

It seems quite evident that there is some analogy between chorea and acute rheumatism. Their action upon the heart is similar, and post-mortem examinations show that structural changes of the heart walls produced by chorea are similar to those produced by rheumatism. Many cases of chorea are found in rheumatic subjects, or attacks of chorea are followed by rheumatism.

While most of the patients suffering from chorea do not become sufficiently disabled to be put to bed, there is a respectable percentage in whom the physical symptoms will be so strongly pronounced that the patient must not only be kept in bed but be protected against injury, by mattresses or cushions, lest the restless tossing, twitching and jerking of the more exaggerated motions produce serious injury. Various skin eruptions, as herpes, various forms of purpura or erythema, are sometimes observed and make a very unpleasant complication of the disorder.

The treatment of chorea will be both medical and environmental. When we consider the mental condition of the child suffering from chorea, it becomes evident that association with rough or boisterous playmates, or with children who will tease and torment the child on account of the ludicrousness of its actions, can not be otherwise than harmful; then, too, if the child is encouraged or permitted to indulge in too much activity the physical symptoms are increased. The environment, then, must be that of quiet, with freedom from annoyance or mental worry of any kind; freedom from tasks or work or lessons of any description, with much restricted physical activity and with every opportunity for cultivating the quiet, contented condition of mind.

This environmental feature of the treatment I consider most important, as upon all diseases of childhood, the state of mental irritation or unrest produces a most profound effect, and as it has been shown that the state of mental worry, fear, overstudy or overwork has much to do with the development of the disorder, it is necessary that in order to effect a cure these conditions must be entirely changed; indeed, I believe that mild cases may sometimes be cured by this alone. It is not well, however, to trust to this means of treatment alone, lest we find that we have underestimated the seriousness of the attack and thus allow what might have been a mild case to become a serious one.

The medical treatment of chorea will resolve itself into the administration of remedies for the relief of general conditions of health and for the control of the nervous disturbance.

The disorders of digestion, as well as wrongs of a general character, will be met by the indicated remedies and be relieved as in other diseases. For the muscular twitchings and peculiar manifestations of physical disturbance, there are a few remedies that have been found especially useful, and their administration, if followed faithfully and persistently, will usually give most satisfactory results. Fowler's solution of arsenic in gradually increasing doses is probably more generally given in the treatment of chorea than any other single remedy. Some writers claim that it is almost a specific for the trouble, while others state that they find it only occasionally useful. I have found it useful in cases showing considerable anemia, with muscular debility and not much mental disturbance. Its effect should be carefully watched, since, if it produces no good results, it is likely to prove harmful.

Gelsemium is a valuable remedy and will give good results in cases showing considerable mental excitement with restlessness and with active physical symptoms.

Macrotys seems useful in nearly all cases. It seems to relieve that slight sense of soreness, of which many patients complain, and to diminish in some measure the muscular jerkings and contractions. Its real action is probably to relieve nerve irritation.

I have found conium useful in the treatment of such cases of chorea as are characterized by the activity of the physical symptoms. It seems to act as a direct sedative on the motor centers, and thus proves a valuable remedy for the motor disturbances.

Cannabis indica, *hyoscyamus* and *passiflora* are remedies of value in cases showing considerable of the mental disturbance. *Cannabis indica* is particularly applicable in cases of mental irritability and peevishness. *Hyoscyamus* and *passiflora* will be more useful for patients suffering from sleeplessness. Patients suffering from severe insomnia will be much relieved by moderate doses of veronal; this not only secures the patient a reasonable amount of sleep, but produces a generally beneficial effect upon the nervous state.

The duration of an attack of chorea is quite variable. Some cases will terminate in five or six weeks, but the general average of duration is probably ten weeks. The prognosis is nearly always good. The patient who has suffered from an attack of chorea is quite liable to suffer from a recurrence of the trouble inside of the year following the initial attack. This liability to recurrence diminishes with time. Girls who

have suffered from chorea in childhood are more likely to suffer from chorea of pregnancy in womanhood.

It may be said of the chorea of childhood, as well as of pregnancy, that with proper treatment and under proper conditions, the prognosis is nearly always good. Let the patient be isolated, at least from disturbing influences or from annoyances and worries; let all tasks and lessons be laid aside, and all scolding or faultfinding carefully avoided and the child be restricted only from too much physical activity, but allowed to employ its mind and time pleasantly and quietly; let such remedies as have been mentioned be given according to their proper indications and with due care for the general condition of the child. After a few weeks under such treatment there will come about a gradual subsidence of both mental and physical disturbances, and the child will enter upon a more or less prolonged period of convalescence. The physician should not lose sight of his patient too soon. The child should be carefully watched and the parents be made to understand that complete recovery is slow, but that it is most important for the future well-being of the child that they persist in a good upbuilding treatment until its health is firmly established.

(N. E. M. A. Quarterly)

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PYORRHOEA CURED BY ALCRESTA IPECAC

Because of the heretofore acknowledged incurability of this disease the above title is somewhat startling. However, the facts which can be adduced in support of the allegation are in themselves startling, and a source of both surprise and exultation. The general prevalence of pyorrhoea gives the subject a widespread interest and to those who have the disease in an aggravated form the advent of a cure will be a God-send.

The technic of the treatment is simplicity itself, consisting largely in the administration of ipecac prepared in such a manner that the emetic factor is eliminated, followed by an efficient mouth hygiene. Believing the subject to be a live one the writer has prepared an article which, together with one prepared, upon his request, by Prof. Lloyd is printed elsewhere in this issue. The object being to present briefly the matters likely to be of interest to the reader.

WHO SHALL BE PERMITTED TO DISPENSE MEDICINES?

For the past decade we have witnessed unusual, and many times unnecessary, and sometimes ridiculous legislative

activity. Law-making bodies are beset by interests, classes and sects of all kinds, and laws are enacted with but little apparent investigation of the need or effect of such laws when applied to the people as a whole. Plain, intelligent and wholesome legislation, if we could secure it at all, is obtained by accident or much political jockeying.

It would seem that the height of the ridiculous has been reached when law-making bodies are finding it necessary to protect themselves against the pernicious influences of those seeking to secure special legislation, or to prevent laws being enacted which may be so construed as to be inimical to the welfare of some pet scheme. Thus, we have come into an era of wonderful legislative activity and at the same time we are developing an equal degree of outlawry, the latter being the outgrowth of the fact that few of the many bills enacted into laws are desirable or operative, and they stand as a burden to the already voluminous legal enactments, and they create an unhealthy disregard of legal authority, because they are either not enforced at all or are resorted to spasmodically, or are used to benefit or destroy some particular person, party or industry, as the case may be. ”

Of all the profligacy of law-making talent, none has been more apparent nor has any been more of the nature of class legislation than that seeking to govern the practice of medicine. Law abiding, honorable and honored physicians are encumbered by many laws, but the flagrant advertiser, the rank charlatan, the vociferous quacks with all the cults and sects, continue to hoodoo and gull the good people, taking their money, injuring their health, and yet no one of the saviors of the “dear people” dares even offer a bill to legislate them out of existence. They are fortified by the public press, in too many instances, and because of well-paid advertisements they are permitted to ply their questionable practices without let or hindrance.

Now comes the pharmaceutical and druggists’ associations proposing to compel all practitioners of medicine “to acquaint their patients with the name and character of all medicines which the physician may personally administer or dispense, the physician being required to place this information in the patient’s hands by prescription or otherwise.” This statement, if a true representation of the basis of such proposed legislation, would seem of itself to explain the desire of the parties promulgating such a law. It requires no great stretch of one’s imagination to see in this another attempt to ultimately compel all physicians to cease dispensing their

CALIFORNIA ECLECTIC MEDICAL JOURNAL

medicines. Just now we are witnessing one of the results of prescription writing, making patients acquainted with the name and character of the drugs they use. No more compelling evidence of the baneful results of such practice need be cited than the popular demand for laws to prohibit the sale of habit-forming drugs.

Our good friends, the druggists, would have the world believe that the disreputable physicians are responsible for all the torture and horror arising from the various drug habits, but are they, as a class, any more free from fault than the physicians they seek to coerce? The druggist excuses his counter prescribing by saying that the "layman prescribes for himself," and thus seeks to excuse his class from the evil result of indiscriminate sale of dope in the form of opiates, headache tablets, aspirin, cough remedies, popular prescriptions, etc. Might we presume to ask how the self-prescribing layman gets his knowledge of the drugs which he freely uses, many times to his detriment, and not the least of evils of such custom becomes a habitue? Does the druggist or pharmacist teach him, or is he an apt one at reading prescriptions or in asking for explanations of the "name and character" of the remedies prescribed?

Would our friends claim advantage of cheapness? Would it be easier for a man who is sick to pay two fees for his advice and remedy, by having a pharmacist share his dollar? Even if the cost be no greater, inconvenience would argue against such a proposal, and this is the very least argument against it.

Such men would hold up holy hands in horror if a specialist or a surgeon would make a charge sufficient to allow the general practitioner, the family physician, a slice of the fee. Yes, this would be daylight robbery, a system of holdup, but it would be all right for the same doctor to refer the patient to his special friend, the pharmacist, for all his medicines or tell him the "name and character" of the medicines so he could ask for the same without consulting the man whose knowledge and time produces the ability to properly direct the application of medicinal drugs. This would save the busy (?) doctor valuable time and the patient much inconvenience, and, since the medical profession is widely known for its general wealth, as well as for its willingness and readiness to be victimized by all who apply, it would, no doubt, work much advantage to the neglected druggist who is a specialist in pharmacy and a general dealer in every commodity from hardware to soft drinks.

It is sometimes claimed that physicians are not pharmacists. True, perhaps, in most instances. But if he knows, where and how to apply a medicine to the relief of a pathological condition, he might, perhaps, occasionally be trusted to dispense a simple prescription from his pocket or buggy case, or to leave a few powders, pills or tablets. Again, the element of danger from errors is argued as a reason why practicing physicians should not dispense but write prescriptions. Will someone rise and show us why and how a pharmacist is any less liable to human weakness, to error, than a careful and conscientious physician? Yes, but I hear someone say that **all** are not careful; **no, nor** are all pharmacists careful and, unfortunately, the percentage of honesty has never been shown to reflect any great advantage to our friends who compound medicines.

We have never heard it charged that a physician would resort to "substitution" nor unlimited refilling of prescriptions. And the recently enacted Federal laws cares for all physicians, as well as pharmacists and druggists, who abuse the privilege of prescribing all narcotic or habit-producing drugs. If a physician desires, he should be permitted to dispense; he at least should have this privilege. Should he wish to keep professional business to himself, why not, for he is forbidden by law to reveal "privilege knowledge," and prescriptions would necessarily, in some instances, reveal some such knowledge.—Wm. P. Best, M. D.

(N. E. M. A. Quarterly)

ETHICS

Ethics is defined as being the science or doctrine of the sources, principles, sanctions and ideals of human conduct and character, the science of the morally right, moral science.

My attention was called to the subject of ethics by reason of a full page advertisement of "Kellogg's Waxtite Package," appearing in the Minneapolis Morning Tribune of July 14, 1914. This advertisement is embellished with a picture of the Commissioner of the Department of Health, City of Minneapolis. This full page advertisement also contains the names of various officials who have endorsed this package. Many of them are M. D.'s in official position. Some of them in their official capacity pass judgment on the official conduct of the lesser lights in the profession, even exercising their power to the abrogation of our right to practice. They are president, commissioner and directors of Boards of Health and extend from California to New York and from the Dakotas to Texas.

We believe the "Code of Ethics" contain a section relating to the use of a physician's name as an endorsement of any proprietary or patented medicine or appliance; also one relating to the undue use of one's name in the public press. I can not say that I see any harm in these endorsements personally, but there is an old saw, "That what is sauce for the goose, is sauce for the gander." Then why is it unethical for the smaller fry to use the public press, and yet the "highbrows" are constantly keeping their names before the public. I daily read in the secular press some item referring to certain physicians' movements, or an interview by them regarding some movement, even when they undertake a journey to a neighboring city. Yet these men are posing as the mentor for the balance of the profession. Would it not be well for them to clean their own dooryards; scrutinize more carefully their own conduct before essaying to dictate the normal conduct of others? We have only one word for these self-righteous pharisees that is "Heal Thyself." I have been accused of being a cynic. I plead not guilty. Yet one almost becomes such, when he is brought into such close contact with the machinations, intrigues, inconsistencies and even fabrications of those posing as the mentor and ideals of the profession. Man is selfish and I have come to the conclusion that selfishness and greed is the preponderating force dominating or controlling the gang now dictating the policies of the profession.

—Mundy.

(N. E. M. A. Quarterly)

MANAGEMENT OF NORMAL LABOR

Janet D. Quinn, M. D., Newport, Ky.

After the birth of the child, the mother demands your attention at once. The child is well oiled, and covered up warm and placed to one side. Then give the mother a dose of ergot before the delivery of the placenta. Do not be in a hurry, unless you have danger signs of hemorrhage or syncope. After the delivery of the placenta, keep your hand over the uterus until you have a firm, hard ball under your hand. Then have the genitals cleansed, soiled linen removed, and examine

for lacerations. If the birth occurs at night, wait until daylight to examine and then repair. Very often lacerations will heal very readily, again your work may be in vain. Try to do your best.

The woman should have a cup of tea, then be allowed to rest for several hours, unless you find the uterus is relaxed; in that case apply the child at once to the breast to excite contractions of the uterus. Apply an abdominal bandage with a pad over the uterus; this gives support to the relaxed walls. Keep the woman on her back for at least four hours. Keep the vulva cleansed every four hours. The best pad is made of cotton, five by ten inches, placed between cheese cloth that has been washed in carbolyzed water; six dozen of the pads are cheaply made, and burned after use.

If there is much odor to the lochia, use a douche of hot water with either permanganate potassium, one grain to the douche; or bichloride, 1-1000, and if no antiseptics are handy use hot salt water. The urine should be voided six hours after birth. If it is not voided use the catheter.

When the milk begins to flow, use a binder to support the breasts. Do not let them get hard and swollen. If they should, massage with either cocoa butter or boiled linseed oil, which will keep the breasts soft and the milk will flow easy. They take the soreness and tenderness out of the breasts.

Often the milk flow is excessive; if so, use \mathcal{R} chlorate pot. 3 j to glass of water. Drink of this mixture several times a day. The bowels should move by the second day, and daily thereafter. Usually after the third day, all symptoms adjust themselves and we have very little trouble.

The twelfth day after a normal labor, women are usually able to sit up an hour or two at a time and finally by the end of the second week will be able to assist in light household duties.

In serious labors, where there has been lacerations, and repair work has been done and the parts are healed, do not allow the patient out of bed for three weeks; and then let her gradually resume her duties. The diet should be light, but nutritious. Many little things come up with each case. Do your duty in all cases.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 m. on the first Tuesday of each month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The Los Angeles County Eclectic Medical Society held its regular monthly meeting, Tuesday, March 2nd, at the College Hall. The president, Dr. O. C. Welbourn called the meeting to order promptly at 8 o'clock and asked for the reading of the minutes of the previous meeting, which stood approved.

Dr. Cox read a very interesting paper, which appears elsewhere in this issue, on the subject of "Umbilical Hemorrhage." It was punctuated here and there during its rendition by many a witty and original parenthetical expression. He very generously and honestly remarked that he, himself approved of and strongly inclined to the flour and water treatment that he made mention of and should have used it often no doubt, but like many another was limited, in not possessing "the dough." The entire paper bespoke an intimate and masterful comprehension as well as skillful presentation of the subject. Discussion from many an interesting standpoint followed its reading and drew forth from some of the older members in point of practice series of old time beliefs and practices, which here might quite apropos be alluded to as "stump speeches" on the care and dressing of stump. One deserving narration perhaps more than another, originating so far back in the dim distant path as to be linked with the witchcraft of old Salem runs thus:

Have ye a case
Oh, mothers fair
That the stump be properly dressed.
Let not it iver
Point to the liver

Hasten such course to arrest.
 For a case it bestirs
 Of the yaller janders
 When against that organ it's pressed.

Prof. Lloyd of Cincinnati, Ohio, the guest of honor of the evening in rising to answer the unanimous request that he address the assembled members, said in his genial and jovial manner that he intended only to say, "Hello and how do you do, how's the world using you." However, the perky ethereal waves of anticipation of listening to another of Prof. Lloyd's friendly chats emanated with such force and vigor from the expectant listeners, that he was mentally persuaded to extend his salutation into a most excellent address, bristling with witty good cheer in one phase in which he actually confessed to be a great admirer of Charley Chaplin in particular and the entire "movies" in general; and in yet another phase with sensible well given advise and a satisfactory and thorough interpretation of some of the questions of the present hour as affecting physicians; dwelling especially upon the Harrison Narcotic Law, explaining it was not designed nor intended to work a hardship by imposing added duties on the honorable physician carrying on a legitimate practice, but was designed as a kindly protection against the weaker brother and a means of bringing to justice scheming, unprincipled, avaricious individuals selling the narcotic drugs. As one of the commissioners of the Panama Exposition, he extended a hearty welcome to all visiting the exposition; requesting most earnestly that the Ohio Building be paid a call and assuring such callers of courteous treatment and kind attention by their receiving attendants.

Dr. John M. Cleaver volunteered to read a paper entitled "Electrical Therapy" at the following meeting.

The society adjourned to meet April 6th, at the usual time and place.

Dr. K. E. Seeburger, Sec'y & Treas., Dr. O. C. Welbourn, Pres.

PROGRAM SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION

President's Address.....	Dr. O. C. Darling
The County Society.....	Dr. O. C. Welbourn
The State and National Societies.....	Dr. H. Ford Scudder
State Board Affairs.....	Dr. H. V. Brown
Our College.....	Dean Munk
Our Journal.....	Dr. Pina M. Welbourn

BANQUET 12:30 P. M. SHARP

The Delmonico

Hypodermic Lobelia.....Dr. A. P. Baird

Discussion led by Dr. Oran Newton

Interesting Eye Cases.....Dr. J. Fraser Barbrick

Discussion led by Dr. J. C. Solomon

The Actions of Phytolacca.....Dr. H. T. Cox

Discussion led by Dr. L. A. Perce

Tuberculous Knee.....Dr. T. C. Young

Discussion led by Dr. O. C. Welbourn

California Climate.....Dr. J. A. Munk

Discussion led by Dr. B. E. Fullmer

**MEMBERS OF ECLECTIC MEDICAL SOCIETY OF THE
STATE OF CALIFORNIA**

Greeting: Through the Journal I wish to state that our State Society will convene at the same place and date of the National at The Auditorium Civic Center, San Francisco, Cal., June 14th to 18th, 1915. There will be no meeting in May of the State organization. Again there will be no section work in the name of our State Society but as a National Society we expect every member to have a paper for one or more of the various sections. So get busy. The greatest surprise that ever existed is awaiting you when first your eyes see the P. P. I. Exposition.

Drs. come, no matter how hard pressed you are. Again, I say come, and you will never regret it and, furthermore, we will entertain you.

Fraternally yours,

A. J. ATKINS, President.

COLLEGE NOTES**Herbert T. Cox, M. D.**

Dr. J. F. Willard, who was formerly Professor of Specific Medication and Diagnosis, is spending a few months at Lamont, Okla. The doctor writes that he hopes to be back in California by next winter, and again be teaching in the C. E. M. C.

Saturday evening, March 13th, Prof. Roath and wife entertained the members of the Student Body and Faculty with a Saint Patrick's party, at their residence, 1121 East Eleventh street. A good number were present and the Irish spirit had full sway. Each person present was called upon to tell an Irish story or joke. After various appropriate amusements, refreshments were served, which would have made any Irish-

man homesick for the land of the Shamrock. The guests departed at a late hour, after having spent a most delightful evening. We don't see how Berger happened to win the prize for the evening, though.

The Board of Trustees held an important meeting Tuesday evening, March 16th, and another on Thursday evening, March 18th, at which several matters of consequence were considered.

Prof. Oran Newton of Long Beach now has a five-passenger Ford, in which he can speed on the boulevard between Long Beach and Los Angeles.

Prof. John Uri Lloyd gave a very instructive address before the Student Body at 8 a. m., March 22nd, on the subject of "Collooidal Chemistry." The students are always glad to have the opportunity of hearing Prof. Lloyd, and wish that he might give them talks oftener. He is always welcome whenever he may be passing this way.

AN ANATOMICAL ANOMALY

His first view of an elephant: "Oh pop, look at the great big cow with horns in her mouth eating hay with her tail!"—Farm Journal.

NEWS ITEMS

Dr. H. T. Cox, Los Angeles, has purchased a Ford touring car.

Dr. Harvey W. Crook, C. E. M. C. 1914, has opened an office at 820 Redondo Ave., Long Beach.

Dr. Almo De Monco has changed his office to 1101 Black Bldg., Cor. 4th and Hill Sts., Los Angeles.

Dr. B. B. Bolton, Lassen Co., is spending a few months in Southern California for the benefit of his wife's health.

Dr. H. Ford Scudder was in San Francisco last month on business connected with the meeting of the National, which will be held in that city in June.

Prof. John Uri Lloyd, Cincinnati, attended the opening of the Fair in San Francisco and spent several weeks in Los Angeles as the guest of friends and relatives.

Dr. L. A. Perce, Long Beach, was in Los Angeles several times last month notwithstanding the fact that the doctor is not enjoying his usual good health.

Dr. J. C. Bainbridge, Santa Barbara, was in Los Angeles last month for a few days visiting his wife and daughter who are spending some time here.

Mrs. Wyman, wife of Dr. W. A. Wyman, Cheyenne, Wyo.,

who has been spending the winter in Santa Barbara, was in Los Angeles during March and a patient at the Westlake Hospital for a few days.

Dr. Geo. W. Groth, has opened an office at 1320 Wright St., Los Angeles, where he will be found on Tuesday, Thursday and Saturday. He will be in Sierra Madre on Monday, Wednesday and Friday.

The Eclectic Medical College has decided to require a pre-medical year's work of college grade in Physics, Chemistry, Biology and a modern language, of the freshman class entering in 1915.

Dr. E. C. Galsgie, C. E. M. C. 1914, has become interested in the Shepard Sanatorium, formerly El Reposo, Sierra Madre, for the treatment of Tuberculosis. Dr. Galsgie is general manager and Dr. Chas. A. Shepard is Medical Director.

Died: Dr. A. B. Simmons, one of the oldest and best known residents of Chino died at his home on Feb. 7th. Dr. Simmons was a graduate of E. M. I., 1867.

Died: M. M. Ring, M. D., Los Angeles, graduate of the C. E. M. C., 1912, died on Feb. 28th at his home, of Cerebral Embolus, following an operation for appendicitis. Dr. Ring leaves a wife and daughter to whom the Journal extends sympathy.

Died: J. T. Farrar, M. D., Berkeley, Cal., died on March 8th at the Roosevelt Hospital, Berkeley, from pneumonia. Dr. Farrar was President of the California Eclectic Medical Society in 1910 and a staunch Eclectic who will be greatly missed by the profession. The Journal extends sympathy to the bereaved family.

Dr. and Mrs. W. H. True of Laconia, N. H., have been renewing old friendships on the Coast, and incidentally taking a "look in" at both Fairs. The doctor has grown fat and prosperous since we saw him twenty odd years ago.

THE DOCTOR

Laugh if you like, at the doctor's mistakes—
And I reckon we all make a few!—
He's giving the universe more than he takes,
Which is more than the most of us do!

Feather your arrows with humorous chaff
And tip them with satire and bile,
But don't ask your target to join in the laugh—
He's entirely too busy to smile!

For General Practitioner, Army of Health,
Is fighting the terrors you fear,
While you are discussing his "ill-gotten wealth."
(Most likely, a thousand a year!)

He's saving you sickness and giving you strength,
And it's easy to laugh when you're strong;
But one of your terrors may get you at length
And alter a pitch of your song!

Then you will remember the jests you have made
And scorn his assistance, no doubt!
Or will you entreat him to fly to your aid
With the skill you have jested about?
—Physicians Drug News.

SAN DIEGO, Cal., March.—Arrangements are completed for concerts in the open air music pavilion of the San Diego Exposition by the famous Ogden(Utah) Tabernacle choir on July 17 and 18. The choir will sing at San Francisco the following week. Another well known choral organization planning a summer tour and concerts at the San Diego Exposition is the Apollo Club, with the Chicago Symphony Orchestra, which will make its "choral pilgrimage" through the entire west.

PERSISTENT EFFORT

The story has been told of a farmer who was taking milk to town to sell. On the way he found he did not have enough for his customers; so he stopped by a brook and filled the can with water. It happened that two frogs were dumped in with the water and to them the imprisonment seemed almost hopeless. One immediately surrendered all hope of getting out. But the other was more optimistic and started jumping very energetically. He kept this up all the time and when the farmer opened the can in town, there was the courageous frog calmly sitting on top of a lump of butter he had churned by jumping, while the other frog was lying dead at the bottom.

To one who does not possess the never-give-up spirit, we recommend the above story. It pays to be an optimist.

San Diego, Cal., Mar.—"Midshipman's Day" is announced for July 3 at the San Diego Exposition, following announcement from Washington that on that day the battleships Ohio, Missouri and Illinois will arrive in San Diego harbor with 500

middies from the Naval Academy at Annapolis, in addition to the regular complement. The cruise starts from Annapolis on June 6, and includes short stays at Cuba, at the Panama Canal ports and at Magdalena Bay before arriving at San Diego. From this port the battleships move to San Francisco, then south to Los Angeles, back to San Diego, and through the canal again to Hampton Roads.

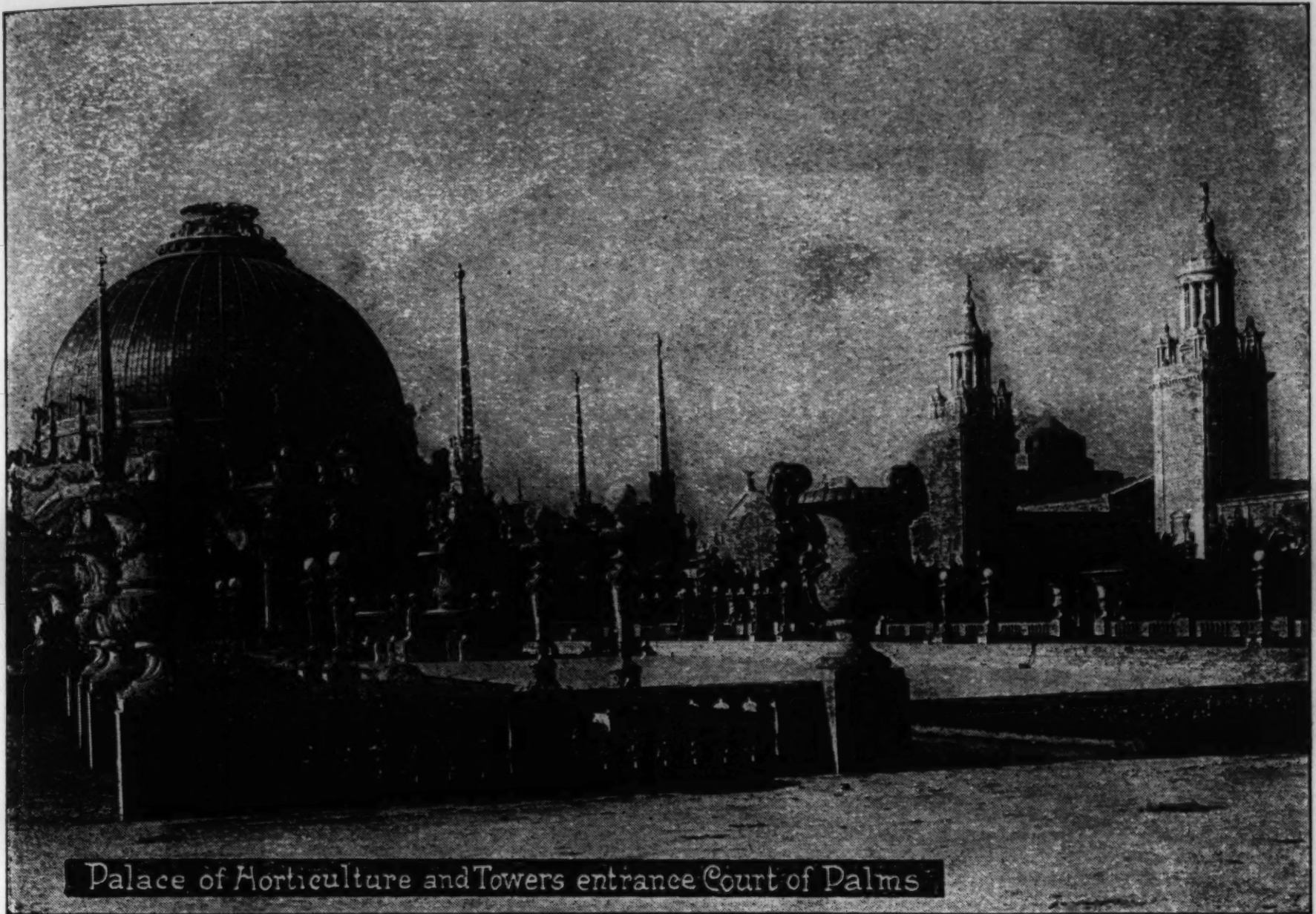
THE REMEDY OF CHOICE IN CARDIAC AFFECTIONS

It is interesting to note the growing interest medical men are taking in Cactina Pillets as a safe and dependable cardiac tonic. This is not surprising; indeed the only surprising feature is that the efficiency of this remedy has not been more generally realized. Hardly any one drug, with the possible exception of digitalis, has a broader field of activity, and there are many competent observers who place it first among cardiac remedies. Experience has shown that the most conspicuous influence of Cactina upon the heart is its effect on the local nutrition and consequent increase of the muscular-motor energy. Certainly it is the heart tonic par excellence, since it increases heart action and restores nerve function with a promptness that is rarely observed with any other remedy.

Made from a dependable preparation of Mexican *Cereus Grandiflorous*, Cactina Pillets are especially effective in functional disorders of the heart associated with feeble, irregular pulse, more or less dyspnea and a sense of chest oppression. In such cases the effect of Cactina Pillets is exceedingly gratifying, the heart being promptly steadied and strengthened, and dyspnea markedly relieved. Tachycardia and palpitation are quickly controlled, and the precordial sensations which cause so much apprehension are soon dispelled.

In accomplishing the foregoing, the physician does not have to apprehend toxic or untoward effects, for Cactina Pillets are not only non-cumulative but totally devoid of all unpleasant or disagreeable action. It is hardly to be wondered at, therefore, that careful, painstaking physicians are not only using Cactina Pillets more extensively than ever, but are gradually coming to look upon this preparation of cactus as the remedy of choice in functional affections of the heart.

Los Angeles County Eclectic Medical Society meets at 8 p.



Palace of Horticulture and Towers entrance Court of Palms

CORD. EXT. OL. MORRHUAE COMP. (HAGEE) in these cases will be found not only trustworthy as a therapeutic measure, but it also will prove agreeable and may be continued over long periods without causing distress.

It is reported that the use of Lilly Ampoules has increased remarkably during 1914. The movement toward medication by injection of sterile solutions in ampoules is growing. No more accurate solutions are supplied than those bearing the Lilly label.

AN ADVANTAGEOUS ANODYNE

The principal feature of superiority in PAPINE (Battle) lies in its maximum of anodyne effect with a minimum of untoward results. The explanation of this fact is to be found in the purity of PAPINE'S constituents, and the extreme care taken in its manufacture. For use in women and children PAPINE (Battle) has a thoroughly distinctive value.

CLUB RATES

The various Electic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	\$1.00	\$.90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

Sleeplessness in Children

In the restlessness and sleeplessness of children PASADYNE (Daniel) is particularly well adapted to meet the therapeutic needs present.

Not only is Pasadyne (Daniel) dependable in its therapeutic application, but further still, it is the safest and most pleasant of the soporifics, which naturally is an additional reason for preferring it. A sample bottle may be had by addressing the laboratory of John B. Daniel, Atlanta, Georgia.

Chronic Gastritis

With its train of hepatic and intestinal complications, rarely fails to respond to the beneficial action of

CHIONIA

Although exerting a pronounced influence on the secretory structures of the stomach and liver, Chionia has the special advantage of increasing the physiologic activity of the gastro-intestinal and hepatic functions without producing severe or undue catharsis. It is in consequence, the ideal remedy in all forms of hepatic torpidity.

DIRECTIONS—*One to two teaspoonfuls in water three times a day*

PEACOCK CHEMICAL CO., St. Louis

THE TREATMENT OF INACCESSIBLE HEMORRHAGE

Every physician feels the need occasionally of a reliable agent in persistent hemorrhage that is inaccessible to the ordinary modes of treatment. In Coagulose we have a product that meets this want—meets it better, it is believed, than any agent hitherto employed for the control of hemorrhage due to defective coagulation of the blood. Coagulose is prepared in the biological laboratories of Parke, Davis & Co., from normal horse serum. It is a sterile, anhydrous powder, obtained by precipitation. It contains the fibrin ferment necessary for clotting the

THE BOOK YOU SHOULD BUY

"DEFINITE MEDICATION"

Contains therapeutic facts gleaned from forty years' practice, by Eli G. Jones, M.D., a physician of national reputation and a well-known contributor to medical journals.

It gives the doctor the best there is in medicine for his patients. It is the record of a successful physician, and tells the story how he cured his patients.

It tells you how to prescribe for the sick intelligently, rapidly, and successfully. No matter what school of medicine you belong to, you will need this book on your desk for daily reference.

It is the foe of medical nihilism, for it teaches the definite action of remedies upon certain abnormal conditions. It gives clear cut indications for each remedy. It is a new departure in medical therapeutics. A physician who is ambitious to do things in his profession will need this book.

"DEFINITE MEDICATION" contains about 300 pages of practical instruction, and is sold at \$2.50 prepaid.

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SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

**Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—
Cystitis—Urethritis—Pre-Senility.**

SOOTHING—RELIEVING—RESTORING.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.



NEURILLA FOR NERVE DISORDERS NEURILLA

**If Patient suffers from THE BLUES (Nerve Exhaustion),
Nervous Insomnia, Nervous Headache, Irritability or
General Nervousness, give four times a day one
teaspoonful**

NEURILLA
**In nervous fretfulness of teething Children
give five to twenty drops.**

DAD CHEMICAL COMPANY, NEW YORK and PARIS.



blood and is soluble in cold water. It is administered hypodermically (subcutaneously).

Coagulose is indicated in all cases of hemorrhage due to defective clotting of the blood, as in purpura, hemorrhage of the new-born, nasal hemorrhage, hemorrhage from gastric or duodenal ulcer, pulmonary hemorrhage, hemorrhage during and after prostatectomy, hemorrhage from the kidney pelvis, hemorrhage from the bladder, uterine hemorrhage, and hemorrhage after tubinectomies and tonsillectomies. It is also useful as a local styptic to bleeding surfaces. For this purpose the powder may be applied on a tampon or on sterile gauze or cotton. Coagulose is supplied in 15-Cc. glass bulbs, each containing 0.65 gramme of the powder, equivalent to ten cubic centimeters of blood serum. A solution is made by the addition of six to eight cubic centimeters of sterile water.

Physicians are advised to write Messrs. Parke, Davis & Co., Detroit, Michigan, for their brochure on Coagulose, which contains the original article of Drs. Clowes and Busch, of Buffalo, who perfected the product, together with other valuable scientific research matter pertaining to the serum treatment of hemorrhages and blood dyscrasias.

ZEMATOL FOR ECZEMA

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